

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

41086

Do not use this space.

RECEIVED DEC 18 1939

1. PLACE OF DEATH

(a) County Washington Registration District No. 687
 (b) Township Liberty Primary Registration District No. 181 Registered No. _____
 (c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Mickey Marton

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>(write the word)</i> <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Husband</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 2, 1909</u>				
7. AGE YEARS <u>30</u>	MONTHS <u>7</u>	DAYS <u>9</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Labor</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)			
		11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lawford Mo</u>				
FATHER	13. NAME <u>Jim Marton</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lawford Mo</u>			
MOTHER	15. MAIDEN NAME <u>Winters</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from No Physician, 19____, to _____, 19____
 I last saw him/her alive on _____, 19____. Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

Gunshot wound of abdomen
 Date of onset 11/4

Other contributory causes of importance:
hemorrhage from wound

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury 11-4, 1939
 Where did injury occur? Washington Co.
(Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
public place
 Manner of injury accident, gunshot wound
 Nature of injury gunshot wound of abdomen

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Joseph L. Thurman M. D.
 (Address) Patton, Mo.

17. INFORMANT (ADDRESS) Orbis Valson Patton mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Shugart mo DATE Nov 6, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mark Patton mo
 20. FILED Nov 11, 1939 G.F. Creswell Local Registrar.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.